RESEARCH BRIEF

Service responses to the co-victimisation of mother and child

Introduction

There is increasing evidence of the interconnections of intimate partner violence (IPV) and violence against children (VAC), as they share the same drivers, co-occur in the same households, and drive an intergenerational cycle of violence (Mathews et al., 2021). Both forms of violence lead to similar health outcomes, including psychological outcomes that influence the intergenerational transmission of violence through the shaping of gendered social norms that drive violence across generations (Jamieson et al., 2018). Whilst women need services to support their own recovery, work through their trauma and regain their independence, many women come to shelters with their children during this process (Watson & Lopes, 2017). Their children are likely to have been exposed to or experienced violence in the home, which in turn increases children's risk for violence perpetration and victimisation later in life (Fulu et al., 2017). Even though children are hypervigilant about violence in their environments and are verbal about their experiences and support needs (Titi, 2021), service providers often do not recognise the link between the experience of violence by the mother and the experience of violence by their children as co-victims, and so services are siloed (Nagia-Luddy & Mathews, 2011).

Over the past five years, government has made high level commitments to end gender-based violence, including providing support to victims of domestic violence[1]. Yet, little is known about what women and children want from services or how they experience them, especially in African communities. To investigate if services have become more integrated, the Children's Institute, in partnership with Masimanyane Women's Rights International, conducted an exploratory study called *Closing the Gaps* (Titi et al., 2022). The study sought to understand how services are delivered in two communities in the Eastern Cape (Buffalo City and Gcuwa) and to start a dialogue about what needs to be in place to provide culturally appropriate services for women and children. Through a series of focus group discussions, community dialogues and individual sessions with children, we gained insights into what women and children want from services and their experiences of accessing services. We found that Thuthuzela Care Centres (TCCs) do not cater for children's trauma due to exposure to IPV when their mothers access services. The results also suggests that due to a continued lack of funding, shelters have limited facilities to provide care and therapy for children on-site or for mothers and children to access services together (Titi et al., 2022). The study also found that this lack of provision for children places further stress on women and children.

1 Domestic violence includes intimate partner violence and violence against children in the home.

This research brief is based on the study Titi, N., Jamieson, L., & Vutu, S. 2022. *Closing the gaps in services that respond to violence against women and children.* Cape Town: Children's Institute, University of Cape Town.

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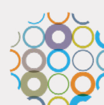

FORD FOUNDATION

Violence against women and children is widespread

IPV and VAC are considered endemic in South Africa. The South African Demographic Health Survey (2019) has shown that 26% of women aged 18 years and older have experienced physical, sexual, or emotional violence by an intimate partner in their lifetime. But higher rates are reported in a Gauteng provincial study, with 51% of women reporting experiencing some form of violence and one in four women reporting sexual abuse (Machisa et al., 2011). VAC is also widespread, the 2016 Optimus study on child maltreatment provided the first national prevalence data on child abuse, violence and neglect in South Africa and found that 42% of children have experienced some form of violence (Artz et al., 2016). The study further estimated that over 355 000 cases of sexual abuse had occurred among 15–17-year-olds in 2015 (Ward et al., 2018).

A life-course perspective is critical in understanding the intersections between IPV and VAC as it highlights the prevalence of various forms of violence at different stages of life and how these types of violence intersect and reinforce one another across the lifespan (Jamieson, et al., 2018). Exposure to violence starts early, even before the child is born. When a mother experiences intimate partner violence while pregnant, it can affect her ability to bond securely with the baby. Such experiences in early childhood can have long-term effects on brain development and cognition and can disrupt brain development, attachment, and learning outcomes (Black et al., 2017). This perspective allows for a better understanding of the pathways to victimisation and perpetration of violence.

Research from South Africa shows that IPV and corporal punishment in the home can lay the foundations for later victimisation and perpetration for both girls and boys (Machisa, 2016). Furthermore, childhood trauma has also been shown to increase the risk for IPV victimisation among women and perpetration for men in adulthood (Fulu et al., 2017), while women who experience IPV are more likely to use corporal punishment in the home (Woolett and Thomson, 2016).

SOURCE: Jewkes R. & Abrahams N. *Using Law to address the scourge of Gender Based Violence and Femicide in South Africa.* Presentation to the National Council of Provinces, High Level Session on Femicide. 29 July 2020.

The impact of witnessing violence on children

Children who experience or witness violence learn to tolerate violence and are prone to externalised behaviour problems (e.g., aggression, delinquency) and poor social functioning (Evans et al., 2008). It is well known that experiencing maltreatment in childhood commonly results in childhood trauma, where the child experiences the events as intense and emotionally distressing, making them feel unsafe. But witnessing violence has similar effects, causing bystander trauma and increasing the risk for violence perpetration and victimisation later in life (Jamieson et al., 2018). The effects of witnessing IPV during childhood:

- Increase the risk of poor mental health (e.g., anxiety and depression), drug and alcohol abuse, risky sexual behaviours and HIV (Jewkes et al., 2010).
- Increase boys' risk of developing violent masculinities and abusing their partners in adulthood.
- Increase the risk that girls who witness their mothers being abused become victims of partner violence as adults.
- Increase the risk of both boys and girls becoming neglectful or abusive parents and using harsh parenting with their own children (Fulu et al., 2017).

Children internalise experiences of violence in the home, causing depression and anxiety, but exposure to IPV can also manifest as anger towards others, such as through bullying at school during childhood.

The child will just cry and take all of that experience and develop anger because they'll put all that stuff into their heart.
[Child participant, Titi et al., 2022, p37].

Systemic silos

South Africa has a comprehensive legal framework aimed at upholding and protecting the rights of women and children. The Constitution enshrines the right to freedom and security of the person that includes violence from all public and private sources (section 12). In addition to this universal right, children have the right to be protected from maltreatment, abuse, and neglect; to family care, parental care, or alternative care; and to have their best interest be of paramount importance in all decisions that affect them. There are a range of laws and policies to give effect to these rights, but they create separate systems for women and children (Jamieson and Mathews, 2022). The Domestic Violence Act (DVA) recognises that children can be victims of violence in the home but has no mechanism to ensure the safety of children. The Children's Act provides an array of protective measures but states that the children's court may not deal with matters under the DVA. A huge limitation in providing integrated services is the funding model, as it does not provide for therapeutic services for children at shelters or cover expenses such as providing early childhood development programmes or covering the costs of transporting children to school (Watson & Lopes, 2017).

The only service that is not available is the service for children.
[Women FGD, Titi et al., 2022, p38].

Lack of accommodation for older adolescents

Shelters cater to the physical needs of women with infants and young children, but are often not designed to accommodate adolescent boys. Some boys are sent to stay with family members or referred to child protection services, but little is known of the impact of this on boys who already have been exposed or experienced violence in the home. What is worse, cuts to alternative care mean there are few formal placement options, and many older boys are left at home with perpetrators. This can have severe detrimental consequences, causing boys to drop out of school, abuse substances, or turn to crime (Titi et al., 2022). It is likely that this exclusion will have a long-lasting impact on their physical and social development, and without access to therapeutic support to process their own trauma, this can drive a continued cycle of violence (Mathews et al., 2022). Separating families like this can also cause women and children to experience anxiety.

I had to leave my 15-year-old with that criminal man…Look now, my child now is smoking drugs. I am told that ever since his father left, he sees no purpose in life. Right now, he is roaming the streets as we speak.
[Women FGD, Titi et al., 2022, p42].

Therapeutic services for children

Previous studies that explored children's mental health recovery post-sexual abuse found that therapeutic services for children were not integrated into the package of care at TCCs (Mathews et al., 2013). Most children were referred to services off-site with long waiting lists (Mathews et al., 2013). Recent studies indicate a similar pattern. Shelters are designed for women who have suffered IPV. As such, their programmes are tailored to the needs of women. Shelter social workers are equipped to screen and refer children experiencing trauma to external agencies, but many children do not access services due to long waiting lists (Jamieson et al., 2017; Titi et al., 2022). Those children who are left behind or whose mothers do not access these services are not identified and referred to therapeutic services. Some women reported that their children received no form of support to help process the trauma of exposure to violence and emphasised the need for developmentally appropriate therapeutic services (Titi et al., 2022). Few children access specialised services and rely mainly on the emotional support of parents or a trusted adult. This has the potential to affect children's long-term recovery as most families cannot provide children with the necessary support. Furthermore, secondary trauma experienced by caregivers, exacerbated by their own experiences of trauma, limits their ability to provide the child with the necessary emotional support to facilitate healing.

But you have that anxiety even if you're at home (having exited the shelter). You go back to that moment and find yourself not wanting to speak, and the child wants to say, "Mama, mama", whereas you are still having that agitation, you see? So, the child doesn't get that [care].
[Women FGD, Titi et al., 2022, p47].

Whilst keeping the services separate allows women the space to focus on their own recovery, referring children to a different counsellor to the caregiver, often at another organisation, can add to children's anxiety. This separation can also reinforce the idea that women's recovery should be prioritised over the recovery of their children. Some programmes targeting men are available in the community. However, there is little integration of men and older boys into prevention and response services (Mathews et al., 2022; Titi et al., 2022). The integration of men was cited by women and children as an important need for reconciling children with their fathers (Titi et al., 2022).

Conclusion

Domestic violence affects children in multiple ways: they can be co-victims, can witness violence against their mothers and siblings, or both. All these experiences lead to trauma. Unprocessed trauma from being exposed to violence in the home can lead to negative long-term consequences for children and perpetuate an intergenerational cycle of violence. Services should recognise the complexity of these intersections, respond to the needs of both women and children to prevent further victimisation, and improve healing and recovery. However, separate systems of treatment and care for children and adult victims of violence have developed, and this has potential negative outcomes. Shelters and services for women who have experienced domestic violence do not adequately cater for the needs of their children. This results in children being left behind or not receiving the therapy they

need. Services are not sufficiently resourced in part because the legislative framework silos women and children. Despite high-level political commitments to end violence, we see the same gaps in services now (Titi et al., 2022) as identified a decade ago (Nagia-Luddy & Mathews, 2011). Unless we close these gaps, the intergenerational cycle of violence against women and children will continue indefinitely.

An integrated set of services that not only increase women's and children's access to justice, but also addresses the needs of both women and children is required to prevent further victimisation and break the intergenerational cycling of violence through appropriate therapeutic and rehabilitative services. Focussing on cultural appropriateness in the design and implementation of interventions ensures inclusive services grounded on cultural awareness, sensitivity and cultural competence to ensure receptivity by women and their children (Titi, 2023).

The way forward

Children should never be without **care**. Ideally, shelters would accommodate women with all their children. However, this is not always feasible or desirable, as the presence of young men in the shelter may constitute a physical or psychological threat to the women and girls. In this case, the team should work with child protection services to ensure that adequate care is provided for children or to find alternative care placements for children when women are admitted to shelters.

Therapeutic services should be integrated or offered as part of a combined treatment plan for children who are exposed to violence against their mothers or experience violence concurrently (Titi et al., 2022). Such plans should be responsive to the needs of family members individually and collectively. In addition to focussing on their recovery, women need support to provide nurturing care and help their children to recover. The services should be culturally inclusive and respect the traditions and values of families in its processes (Titi, 2023).

Many interventions target men and boys to change social norms and behaviour that promote and justify the use of violence against women and children within the home and communities, but few interventions have been tested for effectiveness (Kerr et al., 2020, Mathews et al., 2022). Promising interventions use strategies such as community mobilisation, life skills development (youth) and/ or social behaviour change interventions to shift gendered relations to achieve gender equity (Mathews et al., 2021). Evidence suggests that short-term, once-off interventions targeting men and boys are not successful but that we must invest in **longer-term, structured interventions to prevent IPV and VAC.** These interventions should also be a key part of a wider, multi-component approach that also engages women and girls (Kerr et al., 2020).

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